

SEPARATE KEYPUNCH must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

194/50
State File No. 18
Registered No. 18

1. PLACE OF BIRTH

County Yuma State Ariz
District or Township _____ or Village _____
City Islobo No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Charles Edward Maxwell
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Jan, 12, 1930
Month Day Year

8. FATHER
Full name Charles Edward Maxwell

9. Residence (Usual place of abode) Islobo Ariz
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Springerville Ariz
(State or country)

13. Occupation Meat Packer
Nature of Industry

14. MOTHER
Full maiden name Anne Corrine Nordstrom

15. Residence (Usual place of abode) Islobo Ariz
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Butte, Mont.
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Islobo Ariz.

Month, day, year

Registrar

Filed 2/10 1930 G. E. Wightman Registrar

343-112-54